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**Delivering on
the promise**



What we do

19.3 million children living in the poorest countries of the world do not receive life-saving vaccines that parents in wealthy nations take for granted. Routine childhood vaccines against killer diseases like diphtheria, tetanus, pertussis, and two leading causes of child deaths, pneumonia and diarrhoea, are widely available in wealthier countries yet are not reaching the children most in need. The mission of the Global Alliance for Vaccines and Immunisation (GAVI) is to address this inequity by saving lives and improving health by increasing access to immunisation in the world's poorest countries.

A child dies from a vaccine-preventable disease every 20 seconds. That's 1.7 million children every year.

Vaccines:

- save lives and give children the chance for a healthier, more productive future;
- prevent disease so children are better able to regularly attend school and learn;
- are cost-effective and diminish the cost of hospitalising a sick child.



GAVI provides a solution

In January 2000, the Global Alliance for Vaccines and Immunisation was launched to fund vaccines for children in the world's poorest countries.

GAVI brings together developing country and donor governments, international development agencies, the vaccine industry in industrialised and developing countries, research and technical agencies, civil society organisations, the Bill & Melinda Gates Foundation and other private philanthropists in a global health public-private partnership.

This has brought a single-minded focus to the urgent task of closing three critical inequities:

1. between children for whom immunisation is a given and the 19.3 million children worldwide with no access to vaccines;
2. between the introduction of a new vaccine in high-income countries and the average 10-15 years required for the same vaccine to reach low-income countries;
3. between the need for new vaccines in developing countries and the lack of research and funds to provide them.

Expanding access to reduce child mortality

Expanding access to immunisation through public-private partnerships is a key driver in ending preventable child deaths.

To reduce child mortality substantially by 2035, we must scale up proven interventions and improve the reliability of their delivery. We can and must immunise more children, protect those living in hard-to-reach places, and continue to provide an entry point for other health services.

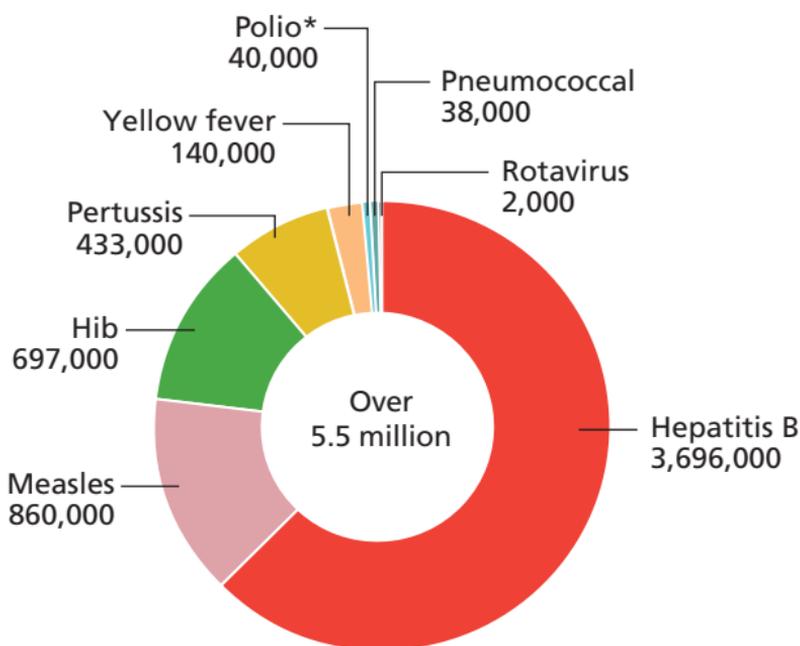
Equity challenge: To reach the "5th child".



1 out of 5

CHILDREN DO NOT RECEIVE
LIFE-SAVING VACCINES
EVERY YEAR

Future deaths averted, 2000–2011



* Includes deaths averted by GAVI-supported vitamin A supplementation programmes.

Source: WHO, Department of Immunization, Vaccines and Biologicals, 30 September 2011.

We can save an additional 4 million lives by 2015

By continuing to provide routine vaccines and target the world's two biggest child killers, pneumonia and diarrhoea, GAVI has the potential to immunise an additional 243 million children by 2015 and prevent another four million future deaths.

How are we going to do it?

- By providing new and cost-effective vaccines offering protection against pneumococcal disease and rotavirus—the leading causes of pneumonia and diarrhoea, respectively—to low-income countries through GAVI's programme support;
- By leveraging delivery platforms to increase global vaccination coverage, which is now at an average of 82%;
- By supporting country-led vaccine rollouts. Developing country demand is high: by the end of 2011, 61 countries had been approved for support for the pentavalent, the five-in-one vaccine against diphtheria, tetanus and pertussis (DTP), Haemophilus influenzae type b (Hib) and hepatitis B (hepB); 17 for yellow fever vaccine support, 37 for pneumococcal vaccine support and 21 for rotavirus vaccine support.



85 %

GAVI HAS COMMITTED 85% OF ITS SUPPORT TOWARDS THE PURCHASE OF VACCINES.

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US\$ 7.2 billion of support

Thanks to the generosity of donors and private philanthropists, US\$ 7.2 billion of support will help countries by 2015 to:

- vaccinate a quarter of a billion additional children

 - 90 million against pneumococcal disease

 - 50 million against rotavirus

 - 230 million children with pentavalent vaccine

 - Support vaccines against HPV, meningitis A measles and rubella

FOR THE FIRST TIME IN HISTORY,
**CHILDREN IN DEVELOPING
COUNTRIES** ARE RECEIVING
NEW LIFE-SAVING VACCINES AT
VIRTUALLY THE SAME TIME
AS CHILDREN IN HIGH-INCOME
COUNTRIES

GAVI's innovative finance mechanisms

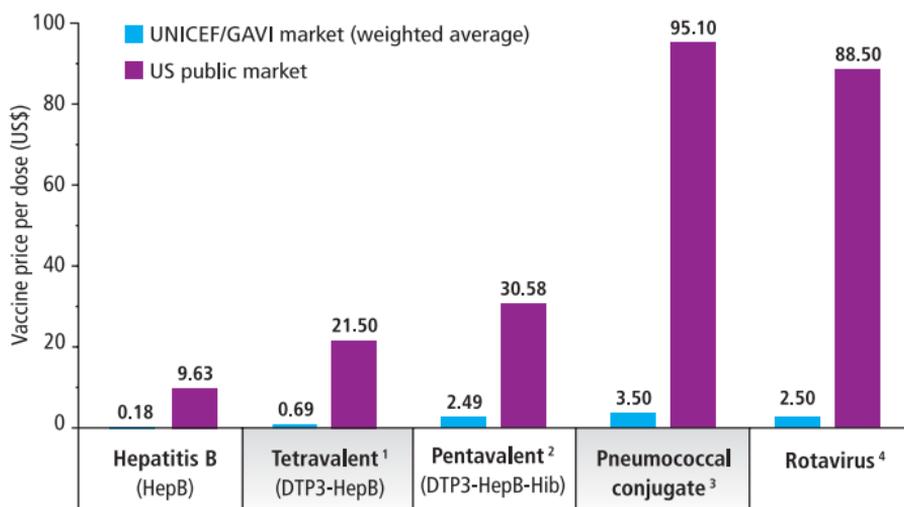
- IFFIm (International Finance Facility for Immunisation) has raised US\$ 3.6 billion on the capital markets;
- AMC (Advance Market Commitment) accelerates access to pneumococcal vaccines;
- The GAVI Matching Fund engages the private sector.

The GAVI Matching Fund, which engages the private sector, demonstrates what can be achieved when governments, corporations, foundations and the general public work together. The Bill & Melinda Gates Foundation and the UK Government have pledged to match up to US\$ 130 million in contributions from corporations, foundations, their employees, members, customers and business partners. Current GAVI Matching Fund partners include Absolute Return for Kids (ARK) Anglo American, the Children's Investment Fund Foundation, Comic Relief, J.P. Morgan and the "la Caixa" Foundation.

Market shaping

GAVI promotes a healthy vaccine market with an adequate supply of appropriate vaccines at affordable and sustainable prices for developing countries. GAVI's ability to secure long-term funding and to pool country demand for vaccines helps shape the market by increasing competition and fostering innovation.

Tiered pricing



¹ The combination procured by UNICEF is not provided in the US markets; US prices refer to the sum of a DTaP (diphtheria-tetanus-acellular pertussis) vaccine and a HepB monovalent vaccine.

² The combination procured by UNICEF is not provided in the US markets; US prices refer to the sum of a DTaP vaccine, a HepB monovalent vaccine and a Hib vaccine.

³ 13-valent vaccine (US markets) and tail price cap under the AMC agreement (UNICEF/GAVI market).

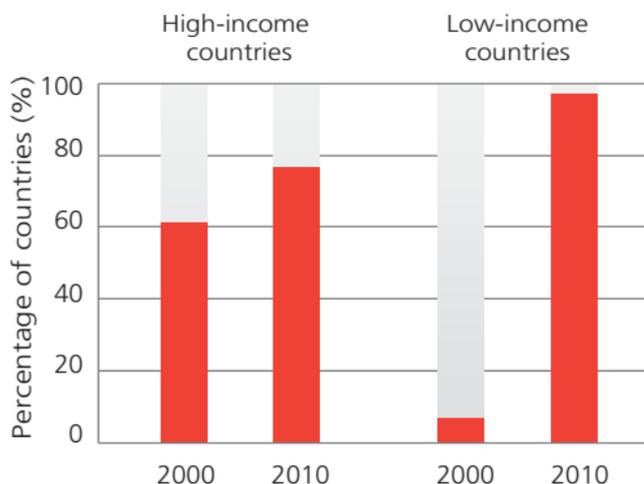
⁴ Refers to GlaxoSmithKline product procured by GAVI as of 2012.



How GAVI drives equity in vaccine access

At GAVI's inception, support for HepB and Hib were prioritised as having the greatest potential for accelerating the uptake of underused vaccines. HepB became one of three such vaccines immediately made available for routine infant immunisation. Vaccinating against HepB is an important investment in a country's future. While infections occur mostly in young children, the deadly consequences of the virus usually strike later in life as liver disease, including cirrhosis and liver cancer. Transmission of the virus from mother to newborn infant is a major contribution to disease in regions such as Asia, where infection is widespread. Almost 20 years since Hib conjugate vaccines were first licensed in the early 1990s, Hib remained a common cause of bacterial pneumonia deaths in children aged under five and a major preventable cause of death in children aged under five.

Hepatitis B



Source: WHO, Vaccine introduction database

Child mortality key data points

Good news

- Child mortality has declined from 12 million in 1990 to 7.6 million in 2010 (a 35% decline);
- Child mortality is declining at an accelerating rate: from 1.9% a year 1990-2000 to 2.5% a year 2000-2010.

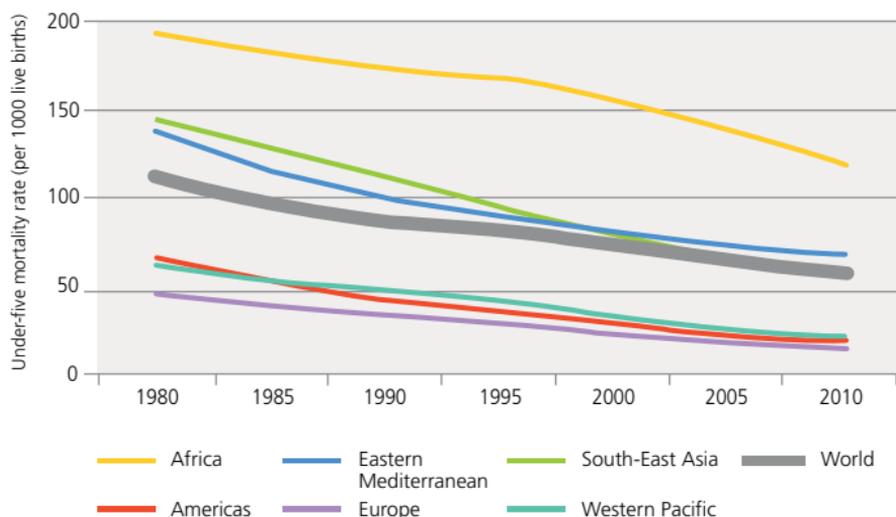
Bad news

- 21,000 children die every day (2010).

Source: Child Mortality Report 2011, estimates developed by the UN Inter-agency Group for Child Mortality Estimation

Trends in under-five mortality rate (per 1000 live births)

Globally and by WHO region, 1980 - 2010



Source: WHO

Update: 15 September 2011

GAVI Alliance donors:

GAVI's unique funding model draws heavily on private sector thinking to help overcome the historic limitations to development funding for immunisation and to maximise impact. This is done both through direct contributions by governments and GAVI's innovative financing mechanisms.

Anglo American plc

Absolute Return for Kids (ARK)

Australia

The Bill & Melinda Gates Foundation

Brazil*

Canada

Denmark

The European Commission

France

Germany

His Highness Sheikh Mohamed bin Zayed Al Nahyan

Ireland

Italy

Japan

J.P. Morgan

"la Caixa" Foundation

Luxembourg

The Netherlands

Norway

The Republic of Korea

The Russian Federation

South Africa

Spain

Sweden

The United Kingdom

The United States of America

* *Grant agreement is pending.*

